

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032596

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 426

STATE FILE NUMBER

FILED AUG 30 1963

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b>		c. CITY OR TOWN <b>Neosho</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>517 Sargent Ave.</b>		d. STREET ADDRESS (If outside, give location) <b>S.E. Corner Square</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>EMILY</b> Middle <b>GERTRUDE</b> Last <b>FERGUSON</b>		4. DATE OF DEATH Month <b>August</b> Day <b>27</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-21-'79</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Osteopath</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Doctor</b>	9. AGE (last birthday) <b>83</b>
11. BIRTHPLACE (City and state or country) <b>Cherryvale Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>R. F. Ferguson</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Crouse</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Mrs. Grace V. Lewis, Monroe Mich.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Embolism</b> DUE TO (b) <b>Endocardial Thrombosis</b> DUE TO (c) <b>Recent Ant. Right Ventricular Infarction</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Generalized Vascular Sclerosis Senilis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b> <b>Weeks</b> <b>Weeks</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <b>11 A.M.</b> Month, Day, Year <b>July 10, 1963</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>July 10, 1963</b> to <b>8/27/63</b> and last saw her alive on <b>7/15/63</b> Death occurred at <b>11 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>[Signature]</b>	
22b. ADDRESS <b>908 E. 7th St., Joplin, Mo.</b>		22c. DATE SIGNED <b>8/27/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8-30-1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Wirtonia</b>		23d. LOCATION (City, town, or county) (State) <b>Crestline Kansas</b>	
24. FUNERAL DIRECTOR <b>Thompson Funeral Home, Neosho Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8-29-1963</b>	
26. REGISTRAR'S SIGNATURE <b>[Signature]</b>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

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SEP 10 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Corley Thompson Sr.  
Licensed Embalmer No. 3259

P. O. Address Neosho Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.